

00-R-1035

Entered - 05/19/00 - sb
CL0010288 - DIANNE C. MITCHELL

CLAIM OF: PATSY BAILEY
2866 Benjamin E. Mays Drive, SW
Atlanta, Georgia 30311

For damages alleged to have been sustained as a
result of property damage on July 18, 1999 at
2866 Benjamin E. Mays Drive, SW.

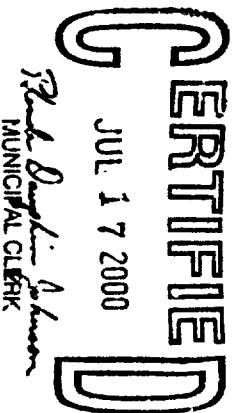
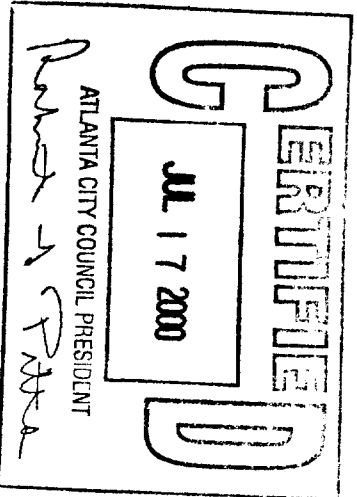
THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DISSENT AGEND.

ADVERSED BY
CITY COUNCIL JUL 17 2000

7-3-00
7/11/00
C. T. Martin
Cheryl Bailey
Cheryl Bailey
name





OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Patsy Bailey
2866 Benjamin E. Mays Dr., SW
Atlanta, GA 30311

00-R-1035

Dear Ms. Bailey :

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on July 17, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0288

Date: June 22, 2000

Claimant /Victim PATSY BAILEY
BY: (Atty) (Ins. Co.) _____
Address: 2866 Benjamin E. Mays Drive, SW, Atlanta, Georgia 30311
Subrogation: _____ Claim for Property damage \$ 7,833.00 Bodily Injury \$ _____
Date of Notice: 04/26/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 07/18/99 Place: 2866 Benjamin E. Mays Drive, SW
Department Public Works Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her property was damaged when a City contractor was working in the rear of her property. The claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, in that the six month statute of limitations expired to receipt of the claim. Additionally, it has been discovered that this claim has been referred to the contractor's insurance carrier for handling.

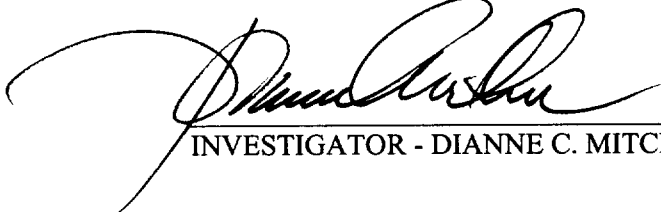
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

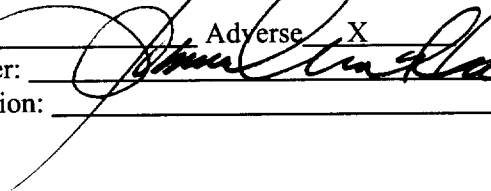
Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-22-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Mitchell

05/17/00

Today's Date:

4-24-2000

04-26-00 05:18 RCVD
ENTERED - 5-19-00 - SB
00L0288 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7,833.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: July 18, 1999
(month/day/year)

2. Police called: Yes ☒ No

3. Location of incident: my house 2866 Benjamin E. May Jr. S.W. Atlanta, Ga.

4. Name of your insurance company: Southern Insurance Underwriters Policy No. LH00864

5. State what and how incident occurred: City of Atlanta Contractor taking up trees in my backyard causing three large trees to fall on house.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Patsy Bailey
(claimant's name)

2866 Benjamin E. May Jr. S.W.
(address)

Atlanta, Ga 30311
(city and state)

00-R-1035

(work number)

404-755-0406
(home number)